U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	_
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Name JOHN

1. File Number U - 3808

3. Name and address of person filing.

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K WILLIAMS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12; / 31 /

4. Name, file number, and address of labor organization.

Name LABORERS' LOCAL 440

		Labor Organization File Number 000-000  P.O. Box, Building and Room Number, if any			
P.O. Box, Bldg., Room No., if any					
Street 565 13TH AVENUE	<u>.</u>	Street 565 13TH AVE	NUE		
City SEATTLE	* , we will also the control of the	City SEATTLE	· · · · · · · · · · · · · · · · · · ·	of the American	
State Washington	ZIP Code + 4 98122	State Washington	ZIP Code + 4	98122	
5. Position in labor organization. BUSINESS	MANAGER/SECRETARY TR	EASURE	· · · · · · · · · · · · · · · · · · ·		
Enter appropriate data below if, during the	past fiscal year, you or your spot (except as specified in the exclu			rests	
A. Held an interest in, engaged in transacti monetary value from an employer whose	ons (including loans) with, or c employees your organization	derived income or other eco on represents or is actively	nomic benefit of seeking to represent.		
6. Name and address of Employer (including tra	ide name, if any).	7.a. Nature of Interest, Trans	action, or Income.		
Name :					
Trade Name, if any:	`				
P.O. Box, Bldg., Room No., if any		7.b. Amount.			
Street .					
City	,	The state of the s			
State 2	ZIP Code + 4				
	Signa	ature			
15. Signature and verification. The undersi submitted in this report (including the informat undersigned's knowledge and belief, true, col	tion contained in any accompanyi	ing documents), has been exam	nined by the signatory and is, to the b	nation est of the	
Signed 1 K William		On 8/12/2005	206-329-1540	····	
7		Date	Telephone Number		
Form LM-30 (2003)				Page 1 of 2	

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incoming with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name LABORERS' TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 201 QWEEN ANNE AVENUE NORTH, STE 100  City SEATTLE  State Washington ZIP Code + 4 98109	9. Business deals with:  a. Labor Organization  X. b. Trust  c. Employer
10. if 9.b. or 9.c. is checked give trust or employer's name.  Name NORTHWEST LABORERS-EMPLOYERS TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PROVIDE HEALTH, WELFARE AND PENSION BENEFITS TO MEMBERS
Street 201 QWEEN ANNE AVENUE NORTH, STE 100	11.b. Approximate dollar value of such dealing. \$646
City SEATTLE  State : Washington ZIP Code + 4 98109	12.a. Nature of interest held or income received.  FOR ATTENDANCE TO TRUST FUND MEETINGS
	12.b. Amount.
C. Received from any employer (other than an employer covered under	er parts A and B above)

13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.		,	,	
Name			:				
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any		-					1 1
Street							
City							:
State :	ZIP Code + 4	}					;
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.	:			• .